

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

REC AUG 16 1941

26404

1. PLACE OF DEATH

County Stone.
 Township Pine.
 City (No.)

Registration District No. 1033.
 Primary Registration District No. 6113.

File No.
 Registered No. St. Ward

2. FULL NAME Angilene Baker.

(a) Residence, No. St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16. 19 41

22. I HEREBY CERTIFY, That I attended deceased from June 24 1941, to July 15 1941

I last saw h. er alive on July 16, 1941 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, hypertension and nephritis.

Date of onset

Other contributory causes of importance: 131a

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. E. Miller M. D.

(Address) Blue Eye, Mo.

OCCUPATION

FATHER

MOTHER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1853.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
87 9 7
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) London, Ky. (STATE OR COUNTRY)

13. NAME James Johnson

14. BIRTHPLACE (CITY OR TOWN) Maryland. (STATE OR COUNTRY)

15. MAIDEN NAME Harriett House.

16. BIRTHPLACE (CITY OR TOWN) Maryland. (STATE OR COUNTRY)

17. INFORMANT Mrs. Hattie Butler (ADDRESS) Blue Eye, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Eye Cemetery DATE July 17th 1941

19. UNDERTAKER Walter F. Daniel House (ADDRESS) Berkeley, Ark.

20. FILED July 17, 1941 Chester D. Scott Registrar.

RECEIVED

District Health Officer No. 6,

District File Number 841-1379

Date Filed AUG 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26404

Registration District No. 1032

Primary Registration District No. 6113

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Stone
(b) City or town Stone
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Angeline Baker

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex F

5. Color or
race N

6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-17-41 (Date received local registrar)

(b) Chester D. Scott (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Stone
(c) City or town Blue Eye, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, year 1941, hour _____, minute _____, M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

